

NOTICE OF INDEPENDENT REVIEW DECISION

Date: October 3, 2003

RE: MDR Tracking #: M2-03-1685-01
IRO Certificate #: 5242

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by an Orthopedic Surgeon physician reviewer who is board certified in Orthopedic Surgery and has an ADL Level 2. The Orthopedic Surgeon physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

The claimant has a history of chronic back pain. The claimant underwent a discectomy in March of 1999 and later an L4-S1 fusion on 03/05/02 allegedly related to a work injury on ___.

Requested Service(s)

Trial of spinal cord stimulator.

Decision

I agree with the insurance carrier that the requested intervention is not medically necessary.

Rationale/Basis for Decision

The claimant is less than two years status-post L4-S1 fusion and does not meet criteria for failed back syndrome. There is no documentation of exhaustion of conservative measures including use of oral non-steroidal and steroidal medications, bracing, physical therapy and epidural steroid injection. Long-term remodeling and consolidation of fusion mass may continue for up to 24 months. There is no documentation of a CT scan with thin cuts to conclusively rule out pseudoarthrosis as an indication for revision. Spinal cord stimulation is not appropriate in patient's for whom operation may be indicated. A recent review of 39 studies involving spinal cord stimulators failed to find any randomized trials, a 35% success rate with long-term follow-up and a complication range of between 40% and 75%. According to all the documentation provided, the requested intervention is not reasonable and medically necessary at this time.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk
P.O. Box 17787
Austin, Texas 78744
Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.